

11-23-01

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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 40920/1:2  
First Inventor Albert R. DiPiero  
Title HEALTH PLAN MANAGEMENT METHOD AND APPARATUS  
Express Mail Label No. EL871857155US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification [Total Pages 25]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 14]
- Oath or Declaration [Total Pages 3]
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ paper
  - ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- ☒ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 3528 (Insert Customer No. or Attach bar code label here) or ☒ Correspondence address below

Name Micah D. Stolowitz  
Address Steel Rives LLP  
900 SW Fifth, Suite 2600  
City Portland State Oregon Zip Code 97204  
Country U.S.A. Telephone (503) 224-3380 Fax (503) 220-2480

Name (Print/Type) Micah D. Stolowitz Registration No. (Attorney/Agent) 32,758  
Signature [Signature] Date 11/21/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)**566.00****Complete if Known**

Application Number	
Filing Date	
First Named Inventor	Albert R. DiPiero
Examiner Name	
Group Art Unit	
Attorney Docket No.	40920/1:2

**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-4455**  
Deposit Account Name **Steel Rives LLP**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  
☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101	201	Utility filing fee	370
106	206	Design filing fee	
107	207	Plant filing fee	
108	208	Reissue filing fee	
114	214	Provisional filing fee	

SUBTOTAL (1) (\$)**370****2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
28	-20** = 8	9	72
5	-3** = 2	42	84
Multiple Dependent			

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103	203	Claims in excess of 20	
102	202	Independent claims in excess of 3	
104	204	Multiple dependent claim, if not paid	
109	209	** Reissue independent claims over original patent	
110	210	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**156**

\*\*or number previously paid, if greater; For Reissues, see above


**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105	205	Surcharge - late filing fee or oath	
127	227	Surcharge - late provisional filing fee or cover sheet	
139	139	Non-English specification	
147	2,520	For filing a request for ex parte reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	215	Extension for reply within first month	
116	216	Extension for reply within second month	
117	217	Extension for reply within third month	
118	218	Extension for reply within fourth month	
128	228	Extension for reply within fifth month	
119	219	Notice of Appeal	
120	220	Filing a brief in support of an appeal	
121	221	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	240	Petition to revive - unavoidable	
141	241	Petition to revive - unintentional	
142	242	Utility issue fee (or reissue)	
143	243	Design issue fee	
144	244	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	40.00
146	246	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	249	For each additional invention to be examined (37 CFR § 1.129(b))	
179	279	Request for Continued Examination (RCE)	
169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**40.00****SUBMITTED BY**

Name (Print/Type)	Micah D. Stolowitz	Registration No. (Attorney/Agent)	32,758	Telephone	(503) 224-3380
Signature		Date	November 21, 2001		

**Complete (if applicable)****WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Application No.:

Filed:

Inventors: **Albert R. DiPiero and David G. Sanders**

Title: **HEALTH PLAN MANAGEMENT  
METHOD AND APPARATUS**

Docket No.: 40920/1:2

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**CERTIFICATE OF EXPRESS MAILING**

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Date of Deposit November 21, 2001

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\_\_\_\_\_  
Signature

Kitty Sisk  
\_\_\_\_\_  
Typed or printed name of person signing  
certificate

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Attachments:

- ☒ Patent Application, including 25 pages of specification and claims
- ☒ Fourteen sheets of drawings
- ☒ Utility Patent Application Transmittal
- ☒ Combined Declaration and Power of Attorney
- ☒ Assignment
- ☒ Assignment Cover Letter
- ☒ Fee Transmittal (in duplicate)
- ☒ Check for \$566.00 in payment of the filing fee and Assignment recording fee
- ☒ Return receipt postcard